Coordinated Health Services Planning
Advisory Committee
December 7, 2006
RI Department of Administration, Conference Room A
3:00 – 4:30 p.m.

Meeting minutes

Attendees (Committee members): Fox Wetle, Chair; Richard Brooks; Kathleen Fitzgerald, MD; Robert Guneyi, MD; Richard Harris; Katherine Heren (for Roberta Hawkins); Donna Huntley-Newby; Joan Kwiatkowski; Dennis Langley; Peter Oppenheimer; Robert Quigley; Ken Pariseau (for Mark Reynolds); Marti Rosenberg; Margaret Sun, MD; Nick Tsiongas, MD; Dawn Wardyga

Attendees (Dept. of Health Staff): Michael Dexter; Donald Williams; Mary Anne Miller; Bill Waters; Stephanie Kissam

Attendees (Interested parties): Tom Gough; Judy Jones; Peter Porter; Josie Santilli; Craig Syata; Judy Taylor; Ronald Winter.

I. Introductions
II. Minutes approved
III. Letter from Dr. Gifford to the Coordinated Health Planning Advisory Committee (see Attachment A.)
IV. Review of process for Coordinated Health Planning Advisory Committee

- Executive Committee presents recommendations to the Advisory Committee
- Executive Committee also reviews first draft of report to General Assembly

Advisory Committee re-affirmed its agreement with this process.

V. Discussion of Executive Committee recommendations (on slides)

First slide – "Planning Process Values":

> "Every Rhode Islander should have access to high quality, affordable health care, delivered in the most appropriate fashion.
>
> "In order to achieve this vision, the health care delivery system must be reorganized through a comprehensive health care planning process that leads to a health care system with components that collaborate to improve health status, rather than compete, as in the current model."

Marti Rosenberg, member of the Executive Committee, commented that the Executive Committee agreed on these values, and that much the discussion focused on the need to collaborate rather than compete.

Members of the Advisory Committee expressed support for the values as stated above. Comment was made that in order to get where we want to go, we need to conceptualize the future – and this is part of the process.

Comment: High quality and affordable are not always equivalent. Concern about the practicality of achieving this vision. Suggestion that the planning process needs to acknowledge that pragmatism may conflict with the ideal.

Comment: Need to do planning collaboratively and plan for collaboration.

Comment: Current system must be reorganized.

Slide 2 – "Strategies to Achieve Vision":

> "In order to achieve the vision of high quality affordable health care for all, Rhode Island must develop a health planning process that establishes direction for the health system and holds stakeholders accountable for rewarding a health system that:
> "-Delivers the appropriate evidence-based health care in the right place at the right time
> "-Improves the quality of health care services
> "-Improves the efficiency of the health care delivery system
> "-Engages the consumer in his/her health care
> "-Orients the system towards person-centered care
> "-Improves affordability by ensuring appropriate capacity of health care providers at different acuity levels
> "-Improves health status of the population"

Members of the Advisory Committee suggested language changes, including:

- Change "person-centered" to "person-centered and family-centered"
- Qualify "evidence-based" with "where possible"
- Add a bullet that suggests that the system must be reorganized to meet the needs of the community.
- Add cultural competency
- Add statement about access

Slide 3 - "Objectives of Planning Process":

> " The planning process should have broad vision but start with incremental change. It should:
> "–Develop and implement plans that improve quality, accessibility, portability, and affordability of health care in RI
> "–Coordinate current planning in different state agencies and private entities"

Comment that the term "portability" is unclear in this context.
It could refer to health information or health insurance.
Comment: It originally referred to health insurance.

Agreement that the planning process needs to include a discussion of the role of health information.

Slide 4 – "Recommended Planning Process Deliverables":

> "1.Determine an appropriate allocation of health care resources in the health care system based on population health needs rather than competition."

Agreement on this point.
Question: would we pay for preventative care rather than curative care?
Response: Yes, this was a major part of the Executive Committee's discussion.
Members of the Advisory Committee discussed the need to balance "carrots" and "sticks" in the planning process. Comment that we need more "carrots" to move the system in the right direction, but that we also need a broader spectrum of severity among the "sticks", so that they are useful.

> "2. Determine necessary capacity for health care providers that can meet a range of demand scenarios (e.g., from health emergencies to improved health status)"

Comment: It would be a major shift to have a system of emergency care that is between the primary care office and the emergency room – current regulations and insurer payments to providers prevent the development of this level of care.

Comment: Should consider adding a statement looking towards planning for new models of care – innovation.

Comment: If transportation were available, health care provider capacity wouldn't have to always be local.

> "3. Determine how financial incentives can be aligned across health care delivery system to reward improved health outcomes."

Comment: We should be mindful about current discussions around pay for performance.

> "4.Measure and report the quality of and appropriate use of health care services."

Comment: We need to understand how claims data can be used. It is appropriate to use it to measure volume, but clinical data is necessary to measure quality. Electronic medical records will be how we make providers accountable for the care they provide.

Slide 5a – "Recommended Implementation of Planning Deliverables"

> "Maximize stakeholder accountability to health planning process through:
> "-<u>Purchasing</u>: Health planning process establishes direction for how health care purchasers in public *and* private sectors align incentives.
> "-<u>Public reporting:</u> Health planning establishes direction for content of public reports on health care quality

"-Regulation of licensed health care entities: Regulation enforces direction of health care system established by health planning process."

Comment: This is where the recommendations begin to talk about the "teeth" of the plan. Purchasing refers to state employees health benefits, Medicaid, and the private sector. Public reporting is dependent on data that are available.

Comment: Need to add consumer accountability – consumer rewards should be part of this process.

Comment: How do we do this without invoking Big Brother?

Comment: The statement about purchasing looks weak. We don't have to say that all purchasers must act as one, but we should make a statement that forces purchasers to act in concert in terms of what they are buying.

Comment: Can we address issue of providers that do not accept insurance?
Response: We address this by committing to improving access to the health care system.

Comment on the "regulation" section: We need to coordinate enforcement across all state agencies – look for opportunities to have people follow the plan.

Next steps

- Next meeting January 4th, 3 – 4:30

Meeting adjourned at 4:30 p.m.

Respectfully submitted by:
Stephanie Kissam
RI Department of Health

Attachment A. Statement from Dr. David Gifford, Director, RI Dept. of Health, to the Coordinated Health Planning Advisory Committee, December 7 2006

I am sorry that I could not be with you all today. I believe that this group and planning process is a key component to achieving a vision of assuring high quality, appropriate and affordable health care for Rhode Islanders. I want to thank you all for taking the time and effort to provide your input and feedback into this process.

As you recall, our charge is to examine two questions:

1. Does the Department of Health need any additional authority to conduct health planning, and
2. What resources are required to conduct health planning.

Well in order to answer these two questions, we need to define what we are trying to plan. As I have indicated before, I do not believe we should be planning for how we expand or fund health insurance for all Rhode Islanders. While that is an extremely important issue, there are several other groups working on it, most notably the legislature created a task force to be chaired by Lt Governor elect Elizabeth Roberts to address this issue.

However, in order to achieve a vision of assuring high quality, appropriate and affordable health care for Rhode Islanders, we need to look at both how we pay for services and what we pay for. I believe the initial work to date has begun to tackle these two issues and provides us a framework to answering the two questions before us. Many of the discussions to date have essentially revolved around the issue of what is the health care delivery system that is needed to achieve our shared vision. Providing insurance coverage for everyone will not assure this realization. In fact, countries with "universal" coverage still have problems with access to and delivering of high quality services and services designed at keeping people well rather than treating them after they become ill. That is why I am encouraged by many of the discussions and recommendations made to date, as they look at both the delivery system and reimbursement methods that are needed to achieve a healthy Rhode Island.

Currently, we have a health care system that is based on a payment system that rewards those who provide more services and in particular, those services that have more favorable reimbursement. For example, hospitals are not rewarded for keeping people out of the hospital or for avoiding cardiovascular interventions or surgery. In fact, last year many hospitals lost money because as a hospital CEO said "not enough people got the flu."

As a result of our current system, the health care providers are investing in providing more high reimbursing services regardless of need and ignoring investing in areas that could help us achieve our vision. Investments in primary care, after hour availability of care in non-emergency room settings, prevention and wellness services, availability of OB services at community hospitals are just a few examples of services that are

desperately needed yet are lacking any evidence or real investment by our health care system.

As we look at this task before us, I believe we have the opportunity to bring balance back to our health care delivery system, one that more appropriately balances primary care, prevention and wellness with specialty and hospital based services. We need to look at both incremental changes using existing strategies as well as larger changes that reform our reimbursement methods. As I reviewed the material for today, I am strongly encouraged by the recommendations and findings to date. Keep up the good work and am more confident every time we meet that we will be able to utilize this planning process to achieve our vision of a health care system designed to keep Rhode Islanders healthy and productive.